

EMPLOYMENT HISTORY

Start with your present or last job. List all employers. If adequate room is not provided, attach another sheet. It is suggested you submit a resume and letters of reference from each employer with your application to provide further detail of your experience. In the event you are considered for hire, your providing letters of reference may expedite the process. The City reserves the right to contact any of your employers, current or previous, if you become a potential candidate for the position. Your signature on this application authorizes us to contact all employers. **FAILURE TO COMPLETE ALL OF THE BELOW INFORMATION, IN A LEGIBLE FORMAT, MAY RESULT IN DISQUALIFICATION FROM FURTHER CONSIDERATION.**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|-------------------|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|
| (List your last name during this employment if different) | | | | | | | | | | | | | | | Dates Worked: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | From | | | | | To | | | | | | | | | |
| Employer: | | | | | | | | | | | | | | | Starting Salary: \$ | | | | | Per | | | | | | | | | |
| Address and City, State ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title | | | | | | | | | | | | | | | Final Salary: \$ | | | | | Per | | | | | | | | | |
| How long were you in this position? From | | | | | | | | | | | | | | | To | | | | | Primary Duties: | | | | | | | | | |
| Department | | | | | Supervisor | | | | | Daytime Phone No. () | | | | | - | | | | | | | | | | | | | | |
| Were you Full Time? Yes No | | | | | Part time? Yes No | | | | | Temporary? Yes No | | | | | Contracted? Yes No | | | | | | | | | | | | | | |
| Did you Voluntarily leave employment? Yes No | | | | | | | | | | | | | | | Were you discharged for disciplinary reasons? Yes No | | | | | | | | | | | | | | |
| Comments, if applicable (No medical information, please): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| (List your last name during this employment if different) | | | | | | | | | | | | | | | Dates Worked: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | From | | | | | To | | | | | | | | | |
| Employer: | | | | | | | | | | | | | | | Starting Salary: \$ | | | | | Per | | | | | | | | | |
| Address and City, State ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title | | | | | | | | | | | | | | | Final Salary: \$ | | | | | Per | | | | | | | | | |
| How long were you in this position? From | | | | | | | | | | | | | | | To | | | | | Primary Duties: | | | | | | | | | |
| Department | | | | | Supervisor | | | | | Daytime Phone No. () | | | | | - | | | | | | | | | | | | | | |
| Were you Full Time? Yes No | | | | | Part time? Yes No | | | | | Temporary? Yes No | | | | | Contracted? Yes No | | | | | | | | | | | | | | |
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| (List your last name during this employment if different) | | | | | | | | | | | | | | | Dates Worked: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | From | | | | | To | | | | | | | | | |
| Employer: | | | | | | | | | | | | | | | Starting Salary: \$ | | | | | Per | | | | | | | | | |
| Address and City, State ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title | | | | | | | | | | | | | | | Final Salary: \$ | | | | | Per | | | | | | | | | |
| How long were you in this position? From | | | | | | | | | | | | | | | To | | | | | Primary Duties: | | | | | | | | | |
| Department | | | | | Supervisor | | | | | Daytime Phone No. () | | | | | - | | | | | | | | | | | | | | |
| Were you Full Time? Yes No | | | | | Part time? Yes No | | | | | Temporary? Yes No | | | | | Contracted? Yes No | | | | | | | | | | | | | | |
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| Comments, if applicable (No medical information, please): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

REFERENCES: ASSOCIATIONS WITH EMPLOYEES, ETC.

Give name, address, and telephone number of three references **WHO ARE NOT RELATED TO YOU** and are not previous employers. **It is suggested you provide 3 letters of reference with your application** (as this may help expedite the hiring process). **FAILURE TO PROVIDE ALL OF THE BELOW INFORMATION, IN LEGIBLE FORMAT, MAY RESULT IN DISQUALIFICATION FROM FURTHER CONSIDERATION.**

| Name | Address, City, State and Zip Code | Daytime Phone Number |
|------|-----------------------------------|----------------------|
| | | () - |
| | | () - |
| | | () - |

Do you have any relatives presently employed by the City of Ozark? Yes ___ No ___

Do you have any relatives currently in elected office in City government? Yes ___ No ___

If Yes to the above questions, please list their names, department in which working, and relationship to you.

DRIVERS LICENSE AND OTHER PERTINENT INFORMATION

| | | | | |
|--|-----|----|--------------------|-----------|
| Do you have a valid driver's license? | Yes | No | Name of State | License # |
| Do you have a valid Commercial Driver's License? | Yes | No | Class/Endorsement: | |

Are you able to perform the essential functions of the position for which you are applying with or without accommodation? Yes ___ No ___

As part of our selection procedure, pre-employment examinations are commonly used, particularly for full time positions (exams may be written, oral, skills, etc.). Applicants may request accommodations, when necessary (e.g., the need for a Spanish interpreter, exam in braille or audio format, table at certain height for wheelchair access, etc.). The City will provide reasonable accommodation as required by applicable law. NOTE: To be considered for reasonable accommodations, the applicant must contact the City of Ozark Human Resources Department at (417) 581-2407 at least two weeks prior to the exam or other event in which accommodation is needed. Also, the applicant may be required to submit evidence supporting the need for accommodation (e.g., verification of disability from health care provider, etc.).

Are you age 18 or older? Yes ___ No ___ (If no, signature of parent required on last page)

Are you age 16 or older? Yes ___ No ___ (Minimum age for employment is age 16)

Are you age 21 or older? Yes ___ No ___ If not, when will you turn age 21? _____

Can you provide documentation verifying you are legally eligible for employment in the US? Yes ___ No ___

If you are not a U.S. Citizen, do you have a permanent VISA? Yes ___ No ___

Are you currently eligible to work in the United States without sponsorship for a temporary VISA? Yes ___ No ___

MILITARY

Have you served in the Military? Yes ___ No ___ Branch of Service _____

Date Entered _____ Date Discharged _____ Final Rank _____

Did you receive an Honorable Discharge? Yes ___ No ___ What were your Primary Duties? _____

JOB RELATED ACTIVITIES/ACHIEVEMENTS/CERTIFICATIONS: List professional, trade, business, or civic activities and offices held (you may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status), and also other Achievements, Honors, Training, Skills, Licenses, Registrations, or Certifications (e.g., Adult or Child CPR, First Aid, Lifesaving, Water, Safety Instructor, Leisure Professional, CDL, CPA, PE, CNE, CNA, EMT, RN, LN, Land Surveyor, Pesticide, Notary Public, etc.).

APPLICANT'S STATEMENT

I understand, if accepted for employment in a position of Police Officer, that I must serve a probationary period of six (6) months. I understand the City reserves the right to extend my probation beyond six (6) months, in accordance with applicable law. If accepted for employment in a temporary or part time position, or any position on probationary status, I understand my employment will be completely "At Will" unless otherwise governed by applicable law. I understand that unless otherwise defined by applicable law, any probationary or other employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized body of this organization. I understand, if accepted for employment, that this application does not constitute an employment contract, express or implied, nor a guarantee of continued employment. An individual's employment and compensation can be terminated, with or without cause, at any time, at the option of either the City of Ozark or the employee, in accordance to personnel policy and applicable law. No supervisor or representative of the City of Ozark, other than the Board of Aldermen, has the authority to enter into any agreement for employment for any specified period of time or to modify an agreement for employment at any time in a manner inconsistent with the above. I understand that if I am found to be eligible for employment, that the City of Ozark is not obligated to employ me.

I agree to submit to and satisfactorily complete the following examinations/evaluations, when required, and understand that such requirements will be conducted by a qualified party of the City's choosing: drug screen, physical examination, psychological evaluation, physical agility examination, and any other necessary examination or evaluation. I also agree to submit to reexaminations or reevaluations when required. I authorize the release of any medical information to the City of Ozark. I understand and acknowledge that I will forever release and hold harmless from any and all liability the City of Ozark or any party(ies) for injuries or illness which result from the physical examination, physical agility test, or any other requirement of the employment process. I hereby release liability, relinquish, and waive any and all claims against the City of Ozark or any other involved party(ies) and will hold such harmless and will file no suit against the City of Ozark or any other involved party(ies). I authorize the City and/or its chosen representative to investigate all information necessary to reach an employment decision. I hereby authorize all persons, schools, current and previous employers, current and previous neighbors/acquaintances/family members (for certain positions), and organizations named in this application, accompanying attachments, resume, or obtained through any other information supplied orally or in writing, to release to the City of Ozark or its chosen representative all information necessary to reach an employment decision. Such information may include, but is not limited to, my employment background, job performance, driving record, safety record, attendance record, character, personal characteristics, general reputation, criminal history, educational background, ability, accident history, alcohol and controlled substance testing and training records, and any other information necessary to arrive at an employment decision. When required, I agree to participate and satisfactorily complete, in accordance with applicable law, a polygraph examination and any other assessment, examination, or evaluation necessary to reach an employment decision. I agree to cooperate in all investigations necessary for the City to reach an employment decision. I hereby release liability, relinquish, and waive any and all claims against the City of Ozark or any other involved party(ies) and will hold such harmless and will file no suit against the City of Ozark or any other involved party(ies), with respect to the information supplied or investigations, assessments, examinations, or other evaluations conducted.

If applicable to the position for which I am applying, and/or as required by applicable law, I hereby authorize release of information from my drug and alcohol testing records by my current and/or previous employers listed within this application or any supplements thereto. I understand that information released by my current and/or previous employers may consist of, but is not limited to, the following: alcohol tests; verified positive drug tests; refusals to be tested; violations of drug and alcohol testing regulations; information obtained from previous and/or current employers of a drug or alcohol rule violation; documentation, if any, of completion of the return-to-duty process following a rule violation.

I understand that a photocopy of this form shall constitute written authorization for all external and internal sources to obtain or release any information that is necessary to assist the City of Ozark in reaching an employment decision, the same as if it were the original form. I will forever release and hold harmless from any and all liability any sources which provide information to the City of Ozark and its employees, regardless of the outcome which results from the release of such information. I understand that unless required by applicable law, that I will not be informed of, or provided with, any information or facts developed or obtained through the selection or investigation process.

I assign all my rights in and to any inventions or patents which during my employment I may create or conceive, either alone or with others, in the course of employment or with the use of the time, material or facilities and relating to operation, processes, products or business to the City of Ozark. I agree to abide by the policies, procedures, and directives of the employer. I acknowledge that such policies, procedures, and directives may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option and without any prior notice to me. I agree with the City of Ozark to accept and comply with the provisions of the Worker's Compensation Laws and the City's Drug and Alcohol Testing Policy. I agree to meet any and all requirements as established by the applicable provisions of federal law, the Missouri Revised Statutes, Ozark Municipal Code, City of Ozark and the Ozark Police Department's policies and procedures, and all other applicable requirements. I understand that any false or omission of answers, statements, or signatures made by me on this application, or any supplement thereto, or any materials in connection with the above-mentioned selection or investigation process, or any materials otherwise required to arrive at an employment decision, will be sufficient grounds for immediate disqualification of consideration for employment, and immediate discharge, if I am employed.

I understand that if employed as a Police Officer that I must reach my 21st birthday prior to being sworn. I acknowledge that I meet the educational/experience requirements as stated within the job advertisement, and understand it is my responsibility to submit evidence of high school diploma or G.E.D. and evidence of any degrees, POST Certification, college hours completed, military service, licenses, certifications, or credentials, when required. I understand that failure to do so may result in disqualification from further consideration, or termination of employment, if employed.

I acknowledge that I have read and fully understand the contents and requirements of this document, and that I have knowingly, intelligently, and voluntarily executed same. I agree to the conditions of this application for employment.

Consented voluntarily by:

Applicant's Signature (required by all applicants)

Date

Parent or Guardian Signature (required for all applicants under 18 years of age)

Date